1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 2 :	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	vrite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of you	filing separately (N r spouse. If you ch				nold (HOH) box, enter th	spo	lifying surviving use (QSS) s name if the qualifying
Your first name	and mi	ddle initial	Last name						Your so	cial security number
KAYATHRI			KUPPAN	1					696-	29-8489
If joint return, sp	ouse's	first name and middle initial	Last name						Spouse	's social security number
KATHIRVE	L		DEVARA	AJAN					APPL	IED FOR
Home address (numbe	r and street). If you have a P.O. box, see	instructions				A	pt. no.	Preside	ntial Election Campaigr
1539 SOU	тн и	VOLF ROAD					2	03		here if you, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete spac	es below.	Sta	te	ZIP c	ode	•	if filing jointly, want \$3
PROSPECT	HE	IGHTS	IL				600	70	0	o this fund. Checking a ow will not change
Foreign country	name		Fore	eign province/state/c	count	У	Foreig			k or refund.
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	``	, , ,	,		,	,,	() /	Yes X No
Standard Deduction	_	eone can claim: You as a depose termizes on a separate return		Your spouse		•				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor		ore January 2		Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for other dependents
than four										
dependents, see instructions										
and check										
here 🗌										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see ir	nstructions)					. 1a	56,449.
moonio	b	Household employee wages not re	ported on	Form(s) W-2					. 1b)
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see instru	uctions)					. 10	;
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	1
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								•
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29					. 1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form	h	Other earned income (see instructi	ons) .						. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)								
	z	Add lines 1a through 1h					. 1z	56,449.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest			. 2b	
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .		. 3b)
	4a	IRA distributions	4a		b Ta	axable amount			. 4b)
Standard	5a	Pensions and annuities	5a		b Ta	axable amount			. 5b)
Deduction for -	6a	Social security benefits	6a		b Ta	axable amount			. 6b)
 Single or Married filing 	с	If you elect to use the lump-sum e	lection met	thod, check here (see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if re	quired. If not requ	ired,	check here		[7	
 Married filing 	8	Other income from Schedule 1, line							. 8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								56,449.
surviving spouse,	10	Adjustments to income from Sche		•					. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			ne				. 11	
household, \$19,400	12	Standard deduction or itemized	•	-					. 12	
If you checked	13	Qualified business income deducti		,	'	5-A			. 13	
any box under Standard	14								. 14	
Deduction,	15								15	
see instructions.			, -)-						

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	3,252.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	3,252.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,252.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	3,252.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 7	,775.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	7,775.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	7,775.
Defund	34	If line 33 is more than line 24						34	4,523.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							4,523.
Direct deposit?	b	Routing number 0 7 1 0 0 0 1 3 c Type: X Checking Savings							
See instructions.	d	Account number 8 3 9				I I Ĭ	0		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	· · · · ·			. 🗌 Yes. Co	omplete b	elow.	X No
		signee's		Phone			onal identif	cation	
	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ui signature		Date	rour occupation				N, enter it here
Joint return?					SOFTWARE E	INGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							ty Prote nst.)	ection PIN, enter it here	
,		(004) 551 . 006			HOME MAKEF		V	151.)	
		one no. (224) 551-336		Email address	KAYATHRI51	20GMAIL.CO			Check if:
Paid		eparer's name	Preparer's signat			Date	PTIN		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/06/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX		NOLITON	T 00016				678)965-9522
			Y CT E BRU	INSWICK N			Firm'	s EIN	84-3171965
(So to www.ire a	ov/Form	1010 for instructions and the late	et information			DEV 02/24/22 DD2			Earm 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/24/23 PRO

Form **1040** (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See se	eparate instruc		permanen	it reside	nts.				
An IRS individual	l taxpayer identification nu	umber (ITIN) is f	for U.S. feder	al tax p	ourposes	only.			vpe (check one box):		
Before you begin			10	and an urity number (CCN)					Apply for a new ITIN		
	his form if you have, or are el			•							
	ubmitting Form W-7. Read ederal tax return with Form								, c, d, e, t, or g, yo ı		
_	t alien required to get an ITIN to	-			sception	13 (300	Instruction	>).			
_	t alien filing a U.S. federal tax re		Jenenit .								
	nt alien (based on days presen		ates) filing a U.	S. federa	al tax retur	n					
_	of U.S. citizen/resident alien		-				tructions) 🕨				
e 🛛 Spouse of L	J.S. citizen/resident alien	If d or e , enter na KAYATHRI B							tions) ▶ 596-29-8489		
f 🗌 Nonresident	ر t alien student, professor, or res							0	90-29-0409		
	spouse of a nonresident alien h	-			sianning ai	i oncopi					
h 🗌 Other (see ir	· · · · · · · · · · · · · · · · · · ·										
Additional information	on for a and f : Enter treaty cour	ntry 🕨			d treaty art	icle num	nber 🕨				
Name	e 1a First name Middle name Last name structions) KATHIRVEL DEVARAJAN at birth if 1b First name Middle name 1b First name Middle name Last name 2 Street address, apartment number, or rural route number. If you have a R O, how, see separate instructions										
(see instructions)			Aiddle neme								
Name at birth if different	ID First name	IV	nuque name			Lasi	name				
Applicant's	2 Street address, apartment	number, or rural r	route number. If	you ha	ve a P.O.	box, see	e separate i	nstruc	ctions.		
Mailing	1539 SOUTH WOLF ROAD,Apt 203										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	PROSPECT HEIGHTS IL USA 60070 3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
Foreign (non-	3 Street address, apartment	number, or rural r	route number. L	ontus	e a P.O. b	ox numi	ber.				
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / ye	ear) Country of bir	rth	City an	d state or	province	e (optional)	5 2	🗙 Male		
Information	06/27/1985	INDIA							Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign ta:	x I.D. number (i			of U.S. v	risa (if any), n	umbei	r, and expiration date		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	Issued by: INDIA No.: N8822251 Exp. date: 06/12/2026 (MM/DD/YYYY):										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f.										
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6f Enter ITIN and/or IRSN ► ITIN IRSN and										
	name under which it was issued										
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ► City and state ► Length of stay ►										
						,					
Sign Here	Under penalties of perjury, I (a documentation and statements, information with my acceptance a	and to the best of	my knowledge a	nd belief	, it is true,	correct,	and complete	e. I au	uthorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if	delegate, see insti	ructions)	Date (m	onth / day /	′ year)	Phone num	ıber			
-	Name of delegate, if app	nt)	Delegate's relationship to applicant			Parent	Parent Court-appointed guardi Power of attorney				
Acceptance	Signature		Date (month / day / year)			Phone					
Agent's	Name and title (type or p	rint)	Name of c	a of compare			Fax	<u> </u>			
Use ONLY				Sinpany		EIN Office of	PTIN				
	1 2			0.000							

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